

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10743899
APPLICANT(S) _____

FILED DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	1					
4	1					
5		1				
6		2				
7		0				
8		0				
9		0				
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TOTAL IND.	4					
TOTAL DEP.	2					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						